CITY OF SAINT PAUL Neighborhood Housing and Property Improvement 651-266-1950

RENTAL DWELLING UNIT REGISTRATION FORM

Date:				
Address of Property:				
First Name of Owner:		Middle	Last	Date of Birth
Address:				
City/State/Zip:				
Telephone Number (incl	uding area code):			
□ CHECK IF YOU HAN NUMBER OF THE NE			PROVIDE THE NAME, AD	DRESS AND TELEPHONE
			FEE IF: (Check appropriate	e box.)
☐ This is 3 units or more		• •		
	_		ate of Code Compliance with	in the past 12 months.
☐ New dwelling construct ☐ This property is occup		O .	s registration year.	
☐ This property is occup				
☐ This property is occup				
Name of Parent or Child	-		Telephone	Unit # if dunlex
			pleted and returned with no f	
Please check one if not a Single Family □ Initial Fee* (\$30) □ Renewal Fee** (\$20)	Duplex ☐ Initial Fee* (\$50)		irst time this owner has registered t	
□ Check if this is stu university students.		ngle family or dup	lex that is used as housing for	multiple/unrelated college or
The undersigned proper designed and placed to a	•	•		perable smoke detector devices
SIGNATURE:				

Mail check or money order made payable to the City of Saint Paul to:

City of Saint Paul

Department of Safety and Inspections - Code Enforcement
1600 White Bear Avenue North
Saint Paul, Minnesota 55106

A certificate of Registration will be mailed to the person and address listed above within six weeks of the receipt of this form properly completed and signed.

Thank you for your cooperation.